BEST AVAILABLE COPY

OATENT ADDITIONATION CEE DEVEDIGINATION DECOR									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 D D D D D D D D D													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THE (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TC	TAL CLAIMS		51					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED .		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS					• 3			X\$ 9=	279	OR	X\$18=		
IND	EPENDENT CL	AIMS	9 minus 3 =		6			X42=	957	OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	Γ				+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+	OR	TOTAL		
/), / CLAIMS AS AMENDED - PART II OTHER THA												THAN	
∠	(Column 1)			(Column 2) (Column 3) HIGHEST			9 6	SMALL	ENTITY	OR	SMALL	ENTITY	
MENDMENTA		REMAINING AFTER AMENDMENT	, ,	NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.00	Minus	~5	7	= /		X\$ 9=		OR	X\$18=		
AME	Independent	. Y	Minus	DEDENIDENS	C 4114	-		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	•	
,	· · ·							TOTAL		OR	TOTAL ADOIT, FEE		
4	-d-06		NDDIT. FEE		8	ADUIT. PEE							
AMENDMENT B		CLAIMS REMAINING		HIGH		\ \			ADDI-			ADDI-	
	9.90 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 - 19.00 -	AFTER AMENDMENT	نه نه		DUSLY	EXTRA		FATE	TIONAL FEE	· `	RATE	TIONAL FEE	
	Total	· 20,	Minus	- 5	7	=		X\$ 92		OR	X618=		
AR.	Independent	• 4	Minus	*** 9		-	11	X42=		OR	X84=	S)	
	FIRST PRESE	NTATION OF MI	JLTIPLE	DEPENDENT	CLAIM		N						
								140=		OR	+280=		
								DDIT. FEE		OR	TOTAL ADDIT. FEE		
	protestation and	(Column 1)	12522 28	(Colur		(Column 3)	9 _						
AMENDMENT C	は一個の	CLAIMS REMAINING		HIGH NUM	BER	PRESENT	Ιſ	04**	ADDI-			ADDI-	
	All the second	AFTER AMENDMENT	4	PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••		-		X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		•	11	X42=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR ·	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OTAL *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE		
		iber Previously Pai					er four	nd in the ap	propriate bo	k in ca	lumn 1.		